Name in Full John T. Beavin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Annapolis (County) A. A. Co

Date of death 1904 (Month) March (Day) Wed. 16 (Years) Age 89 (Months) — (Days) 9

Sex Male | Color or Race White | Birthplace Do not know

Occupation | Where Residing if not at place of death 19 Cathedral St.

Married, Single or Widowed Married | Name of Wife or Husband Annie Beavin

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

154

Name of person giving In formation Edw. T. Beavin | How related to deceased Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Old age | How long Two years

Immediate Senile decay | How long Two years.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo. Wells.

Address Annapolis Md

Accident or Suicide? No.

LIBRARY BUREAU A66516

Name in Full: Edward Betters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: 2d District; County: Anne Arundel

Date of death 1904: Month: March; Day: 26

Age: Years: 30; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Prince Georges Co

Married, Single or Widowed: Married

Occupation: Farming

Name of Wife or Husband: Carrie Butler

Father's Name: Wm. Betters

Father's Birthplace: P.G.Co. Md

Mother's Maiden Name: Sarah Jones

Mother's Birthplace: P.G.Co. Md

Name of person giving In formation: Wm Betters

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 Year

Immediate: Hemorrhage from bowels — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis Md

Accident or Sulcide? —

LIBRARY BUREAU A88516

Name in Full: Robt. Boston

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambarole — County: A A

Date of death 1904 — Month: March — Day: 15 — Age: Years 45 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Westriver

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Boston — Father's Birthplace:

Mother's Maiden Name: Eliza Boston — Mother's Birthplace:

Name of person giving Information: Richard Boston — How related to deceased: 10

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip — How long:

Immediate: — How long: four days

Are the name, age, sex, color, date and place correctly given above?

no doctor.

Signature of Physician: Woolley & Co

Address: undertakers Annapolis

Accident or Suicide?

LIBRARY BUREAU A33816

Name in Full: William D. Bourke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: March; Day: 21st; 1904

Age: Years: 59; Months: 8; Days: 11

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Merchant.

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Mary E Isaac

Father's Name: William E. Bourke

Father's Birthplace: Md

Mother's Maiden Name: Jennetta. Cox.

Mother's Birthplace: Md

Name of person giving Information: Mary E. Bourke

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Lungs — How long: 12 hrs

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Murph.

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

D. S. Snyder

Name in Full: Laura Carolyn Brooke

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Annapolis (County) Anne Arundel

Date of death (Month) March (Day) 8th (Year) 1907 Age 35 (Months) — (Days) —

Sex Female Color or Race White Birthplace Maryland

Occupation Lived with father Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Samuel Brooke Father's Birthplace Md

Mother's Maiden Name Laura Hill Mother's Birthplace Md

Name of person giving Information Mrs Nevitt Stul How related to deceased Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Acute Nephritis result of Grip How long 3 Wks

Immediate Uraemia How long 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Sewell S. Hepburn

Address Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A8631C

Name in Full: Grace Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: near Town: Hanover — County: Anne Arundel — MARYLAND

Date of death 1904: Month: March — Day: 12 — Age: Years: 19 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Anne Arundel Co. Md

Married, Single or Widowed: Single — Occupation: Domestic

Name of Wife or Husband:

Father's Name: Harry Butler — Father's Birthplace: Maryland

Mother's Maiden Name: Rachell Burley 27 — Mother's Birthplace: Maryland

Name of person giving In formation: Columbus Burley — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 years

Immediate: Tuberculosis — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Md

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full: Thomas Cole

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) McHenry Correction Jessup (County) Anne Arundel

Date of death 1904 Month 3 Day 17 Age Years 70 Months — Days —

Sex Male Color or Race Black Birthplace Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Imformation — How related to deceased —

TO BE ANSWERED BY NEAREST FRIEND

95

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary Congestion How long 10 days

Immediate Typhoid How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. P. Carrico, M.D.

Address Jessup, Md.

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full: Daniel Crowdy Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Port County: A A

Date of death: Month: March Day: 19th Year: 1904

Age: Years: 19 yrs Months: Days:

Sex: Male Color or Race: Colored Birthplace: A A Co.

Occupation: At school Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Crowdy Father's Birthplace: A A Co.

Mother's Maiden Name: Elizabeth Gross Mother's Birthplace: A A Co.

Name of person giving Information: Father How related to deceased: 10

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza How long: Two weeks

Immediate: Typhoid Pneumonia Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William Theodore Roosevelt Dailey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Severn; County: Anne Arundel

Date of death: 1904; Month: 3; Day: 3

Age: Years: —; Months: 6; Days: 15

Sex: Male; Color or Race: Negro; Birthplace: Severn Md.

Occupation: —; Where Residing if not at place of death: Severn

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: William Dailey 27; Father's Birthplace: Md

Mother's Maiden Name: Mamie Bowman; Mother's Birthplace: Md

Name of person giving Information: William Dailey; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 3 months

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. A. Hammond

Address: Jessups Md

Accident or Suicide? No

LIBRARY BUREAU

Name in Full: August Dannenmann

CERTIFICATE OF DEATH

Died at: Town: East Port 2d. County: Anne Arundel MARYLAND

Date of death 1907: Month: March Day: 28th Age: 33. Years Months Days

Sex: Male Color or Race: White Birthplace: Baltimore

Occupation: Watchman Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or ~~Husband~~: Lucia. Mohler.

Father's Name: George Dannenmann Father's Birthplace: Germany

Mother's Maiden Name: Barbra Dannenmann Mother's Birthplace: do

Name of person giving In formation: Peter Dannenmann How related to deceased: Brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 155-168 How long:

Immediate: Suicide How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Saml S Hale

Address: Acting Coroner East Port Md

Accident or Suicide?

LIBRARY BUREAU A58816

Name in Full: Mrs Annie Dotson

CERTIFICATE OF DEATH

MARYLAND

Died at: Residence — Town: a a — County: 5th District

Date of death: Month: March — Day: 5th — Years: 66 — Months: 9 — Days:

Sex: female — Color or Race: African — Birthplace: a a Co

Occupation: Housekeeper — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Mr Dotson

Father's Name: Jacob Sutton — Father's Birthplace: a a Co

Mother's Maiden Name: Ann Elizabeth Davis — Mother's Birthplace: a a Co

Name of person giving Information: Dan'l Dotson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Dis — How long: 8 months

Immediate: Heart failure — How long: one hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T H Brayshaw

Address: Selen Town Maryland

Accident or Suicide?

LIBRARY BUREAU A65516

Name in Full: Duckett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County:

Date of death: Month: March; Day: 11; Year: 1904

Age: Years: —; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Woods

Father's Birthplace:

Mother's Maiden Name: Carrie Duckett

Mother's Birthplace:

Name of person giving information: Carrie Duckett

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Investigated by

Address: Health Officer

Accident or Suicide?

LIBRARY BUREAU A66018

Name in Full: Emma S. Dunn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jessup — County: Anne Arundel

Date of death: Month: 3 — Day: 28 — 1904

Age: Years: 5 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Providence R. I.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Husband: Benjamin F. Dunn

Father's Name: Richard Austin Bright — Father's Birthplace: England

Mother's Maiden Name: Elizabeth Bright — Mother's Birthplace: England

Name of person giving information: Benjamen F. Dunn — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Arteriosclerosis — How long: —

Immediate: Cerebral Hemorrhage — How long: 10 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. H. Hammond

Address: Jessup Md.

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: Mathew G. Evans.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Anne Arundel

Date of death 1904: Month: March — Day: 29

Age: Years: — Months: Two — Days:

Sex: Male — Color or Race: White — Birthplace: Annapolis Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Geo W. Evans — Father's Birthplace: Annapolis

Mother's Maiden Name: Mattie Brown — Mother's Birthplace: Annapolis

Name of person giving In formation: Geo W. Evans — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: One month

Immediate: Asthenia — How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Wells

Address: Annapolis, Md.

Accident or Suicide? No.

LIBRARY BUREAU APR 31 0

Alex Evans
Undertaker

Name in Full: Stanislava Foreshak

CERTIFICATE OF DEATH

MARYLAND

Died at: Curtis Bay — Town: Curtis Bay — County: A. A. —

Date of death: 1904 — Month: March — Day: 27 — Age: Years 2 Year — Months: 6 month — Days: —

Sex: Female — Color or Race: White — Birthplace: Curtis Bay

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Thomas Foreshak — Father's Birthplace: Poland

Mother's Maiden Name: Francisca Pawlowska — Mother's Birthplace: Poland

Name of person giving Information: Thomas Foreshak — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: 2 weeks

Immediate: Same — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Skaha M.D.

Address: 1438 Fort Av.

Accident or Suicide? —

LIBRARY BUREAU A63618

Name in Full: Margrah Anne Fouche

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Riderwood — County: Anne Arundel

Date of death 1907: Month: March — Day: 22 — Age: Years: 76 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Balto Md

Occupation: Home Wife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Amos Fouche

Father's Name: Risdon Frantum — Father's Birthplace: Md

Mother's Maiden Name: Rebecca Cottom — Mother's Birthplace: Md.

Name of person giving information: Amos Fouche — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 1 year

Immediate: Fatty Degeneration of Heart — How long: Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Mc[illegible]

Address: Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Garey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pumphrey — County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: March — Day: 1 — Age: Years — Months — Days: 12 hours

Sex: Male — Color or Race: White — Birthplace: Anne Arundel Co

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Joseph Garey — Father's Birthplace: Anne Arundel

Mother's Maiden Name: Josephine Boyer — Mother's Birthplace: Anne Arundel

Name of person giving information: Josephine Boyer — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Compression of Brain at birth — How long: 12 hours

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C R Wineroom

Address: Eldridge Maryland

Accident or Suicide?

LIBRARY BUREAU A68316

Name in Full: Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waterbury — County: A. A. —

Date of death: Month: Mar. — Day: 4 — Years: Age — Months: 3 — Days:

Sex: Female — Color or Race: Black — Birthplace: Waterbury Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: unknown — Father's Birthplace

Mother's Maiden Name: Mary Green — Mother's Birthplace: Md

Name of person giving Imformation: Isaac Hall — How related to deceased: None

104

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion — How long: 4 days —

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: H B Grant

Address: Millsville Md

Accident or Suicide?

LIBRARY BUREAU A86318

Name in Full: William B Hawes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Friendship; County: A. A.

Date of death 1904: Month: March; Day: 2nd; Age: Years: 62; Months; Days

Sex: Male; Color or Race: White; Birthplace: Calvert Co

Occupation: Clerk; Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband: Alice V. Hawes

Father's Name: Elisha Hawes; Father's Birthplace: Md

Mother's Maiden Name: Maria Armiger; Mother's Birthplace: Md

Name of person giving Information: Manton Leitch; How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty degeneration of; How long: One year

Immediate: Heart Clot (Heart); How long: Several hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Clara V Hawkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Marley; County: Anne Arundel

Date of death 1904: Month: March; Day: 29

Age: Years: 33; Months: 3; Days: 11

Sex: Female; Color or Race: White; Birthplace: Anne Arundel Co

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Frank Hawkins

Father's Name: ~~Jalyn~~ Ray; Father's Birthplace: aa Co

Mother's Maiden Name: Sarah Magruder; Mother's Birthplace: Washgtn Co.

Name of person giving In formation: Frank Hawkins; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Jaundice; How long: Six Weeks

Immediate: Heart Failure; How long: Thirty minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas H Brayshaw

Address: Glen Burnie

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Roberta Hankins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williams; County: Anne Arundel

Date of death 1904: Month: March; Day: 16

Age: Years: 2; Months; Days

Sex: Female

Color or Race: Black

Birthplace: Anne Arundel Co

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name: Frank Hankins

Father's Birthplace: Anne Arundel Co

Mother's Maiden Name: Georganna Wilson

Mother's Birthplace: Anne Arundel Co

Name of person giving information: Alfred Stewart

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: 2 weeks

Immediate: Heart Failure — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C R Watkinson

Address: Elkridge Maryland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Henson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel County: A. A. Co.

Date of death 1904	Month	Day	Years	Months	Days
	March	7	Age 5	8	21

Sex: Female Color or Race: Blk Birthplace: A. A. Co.

Occupation: none Where Residing if not at place of death: A. A. Co.

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Henson	Father's Birthplace: A. A. Co.
Mother's Maiden Name: Kate Brown	Mother's Birthplace: Prince Geo.
Name of person giving information: John Powell	How related to deceased: Son-in-law

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis	How long: 1 year
Immediate: Pneumonia	How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. R. Smith M.D.

Address: Laurel

Accident or Suicide?

LIBRARY BUREAU A66816

If Not at Home
Trade Permits to Teachers & Pharmacists
Jane Mac

Name in Full: Alonta Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brooklyn — County: a a

Date of death 1904: Month: 3 — Day: 26 — Age: Years: 54 — Months: — Days: —

Sex: Female — Color or Race: Col — Birthplace: Md a

Occupation: Domestic — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Jno Hill

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Unknown — Mother's Birthplace: —

Name of person giving Imformation: Ada Hill — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 1 yr

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. F. Brooke

Address: Brooklyn

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Manship Holmes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Wilkhams — County: Anne Arundel

Date of death 1904: Month: March — Day: 31 — Age: Years 45 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Dorchester Co Md

Married, Single or Widowed: Married — Occupation: Farm Hand

Name of Wife or Husband: Mamie Holmes

Father's Name: Un Known — Father's Birthplace: Un Known

Mother's Maiden Name: Un Known — Mother's Birthplace: Un Known

Name of person giving Information: William Rose — How related to deceased: Neighbor

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Pneumonia — How long: 3 Weeks

Immediate: Typhoid Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C R Wmberson

Address: Elkridge Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Alice. Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jessup Town 2 dist. County: Anne Arundel.

Date of death: Month: March. Day: 2. 1904

Age: Years: 8 Months: . Days: 6

Sex: Female

Color or Race: White

Birthplace: Anne Arundel Co.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Eugene W. Hopkins

Father's Birthplace: A. A. Co

Mother's Maiden Name: Jessie Nicholls

Mother's Birthplace: A. A. Co

Name of person giving Information: Eligius. Hopkins

How related to deceased: Uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever.

How long: 3 wks

Immediate: Diphtheria + Pneumonia

How long: 2 wks.

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: J. J. Murphy Md

Address:

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Susan Isaac

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Odenton. County: Anne Arundel

Date of death: 1904 Month: March Day: 2nd

Age: Years — Months — Days: Six

Sex: Female

Color or Race: African

Birthplace: Maryland

Occupation: Infant.

Where Residing if not at place of death: —

Married, Single or Widowed: " "

Name of Wife or Husband: —

Father's Name: Jefferson Isaac

Father's Birthplace: Maryland

Mother's Maiden Name: Martha Hawkins

Mother's Birthplace: " "

Name of person giving Information: Martha Hawkins

How related to deceased: 9/5

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Right lung.

How long

Immediate: Exhaustion.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E D Joyce J.P.

Address: acting Coroner.

Accident or Suicide?

Millers Station 2nd

LIBRARY BUREAU A88316

Name in Full: Mary A. King

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Jessup — County: Anne Arundel

Date of death 1904 — Month: 3 — Day: 31 — Age — Years: 66 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Husband: John King

Father's Name: Wm Bryan — Father's Birthplace: Maryland

Mother's ~~Maiden~~ Name: Elizabeth Bryan 95 — Mother's Birthplace: Maryland

Name of person giving Information: John King — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Congestion — How long: Ten Days

Immediate: Syncope — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. A. Hammond

Address: Jessup Md.

Accident or Suicide? No

LIBRARY BUREAU A66616

Name in Full: George Lee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: A A

Date of death: 1904 Month: March Day: 19th Age: Years 38 Months Days

Sex: Male Color or Race: Colored Birthplace: Md

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Unknown Father's Birthplace: Md

Mother's Maiden Name: Unknown Mother's Birthplace: Md

Name of person giving information: Mary Hamilton How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cirrhosis of the Liver How long: Months

Immediate: Tuberculosis Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: J. Adam Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brooklyn — County: Anne Arundel Co

Date of death: 1904 — Month: Mar — Day: 28th — Age: Years: 66 — Months: 2 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Black Smith — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Annie Elizabeth Miller

Father's Name: Louis Miller — Father's Birthplace: Germany

Mother's Maiden Name: Unknown — Mother's Birthplace: Germany

Name of person giving Information: Annie Elizabeth Miller — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gallstone — How long: 4 Months

Immediate: Cardiac Failure — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Lee Bauks MD

H Lee Bauks MD

Address: 1728 N. Charles St

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: William Merryfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 1904 March 7; Age: Years 74 Months 6 Days 6

Sex: Male; Color or Race: White; Birthplace: Richmond Va

Occupation: P.E. Minister; Where Residing if not at place of death: Annapolis Md

Married, Single or Widowed: Married; Name of Wife or Husband: Mary Frances Bell

Father's Name: Geo Wythe Merryfield; Father's Birthplace: Va

Mother's Maiden Name: [illegible]; Mother's Birthplace: [illegible]

Name of person giving Information: Geo Wythe Merryfield; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis; How long: 4 years

Immediate: Anaemia; How long: One Wk.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Sewell S. Hepburn

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: James L. Norris

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Md. House of Correction-Jessup — County: Anne Arundel

Date of death 1904 — Month: 3 — Day: 13 — Age: Years 18 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 4 Months

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Carrico M.D.

Address: Jessup - Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Thos. C. O'Brien

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis Md — County: A. A.

Date of death: 1904 — Month: 3 — Day: 30 — Years: Age 17 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: New York

Occupation: Student — Where Residing if not at place of death: Annapolis Md

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Morgan J. O'Brien — Father's Birthplace: New York

Mother's Maiden Name: Rose Crimmins — Mother's Birthplace: New York

Name of person giving information: J. H. Haggarty — How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis — How long: 2 weeks

Immediate: Obstructive Jaundice — How long: 10 days

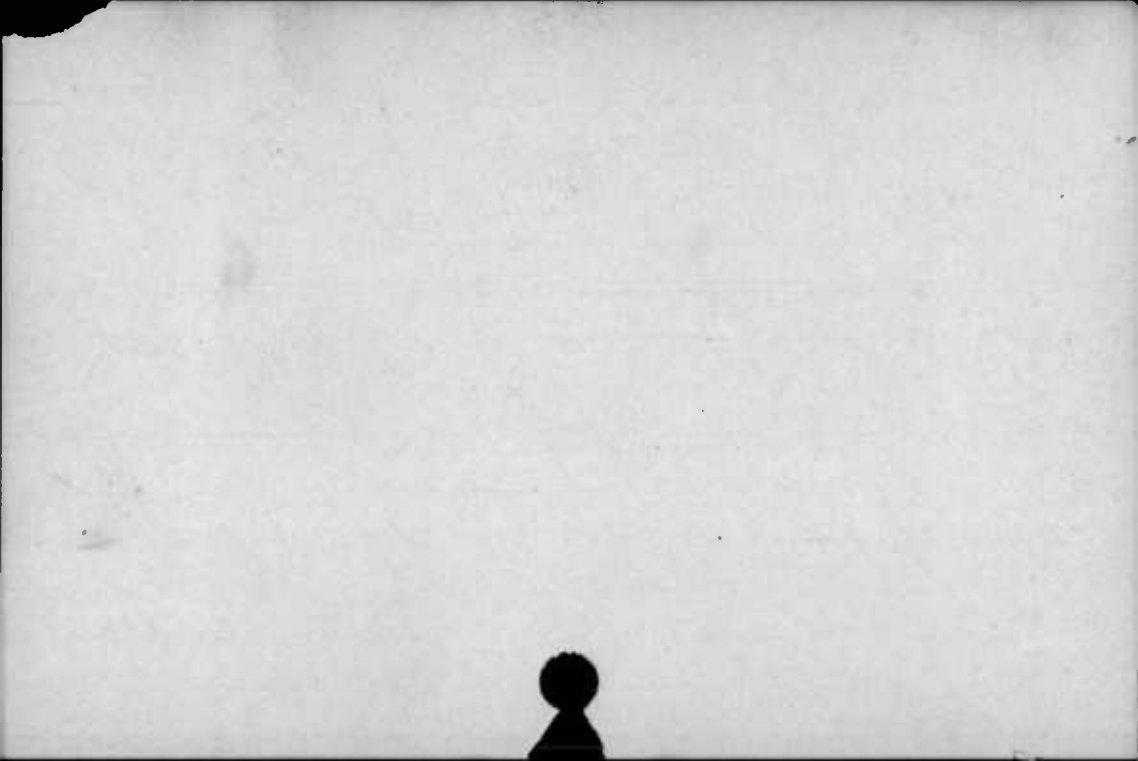
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. J. Murphy M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816



Name in Full: Basil Lecund

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklyn — County: A A

Date of death 190 4 — Month: 3 — Day: 26 — Age — Years: 49 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of parson giving In formation: Algie Prichard — How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsey — How long: Six months

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm L. Hawkins M.D.

Address: Brooklyn Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A39516

Name in Full: John Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkhart — County: Anne Arundel

Date of death: 1904 — Month: Mar. — Day: 26 — Age: Years: 60 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: Lizzie

Father's Name: Queen — Father's Birthplace:

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving Imformation: Charles Harris — How related to deceased: None

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 12 mos.

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. B. Gantt M.D.

Address: Millersville Md

Accident or Suicide?

LIBRARY BUREAU AB0215

Name in Full: Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 2d dist — County: Anne Arundel

Date of death: Month: 1904 March — Day: 18 — Age: Years — Months: 2 — Days: 1

Sex: Female — Color or Race: — Birthplace: A & A Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: Lufkin Richardson — Mother's Birthplace:

Name of person giving Information: W. W. Richardson. — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spasms of Stomach — How long:

Immediate: Spasms — How long:

Are the name, age, sex, color, date and place correctly given above? no Doctor

Signature of Physician: no Father

Address: 2d dist, A. A. Co

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John Richard Sherbert

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Leitch's — (County) Anne Arundel

Date of death: Month March — Day 8 — 1904

Age: Years 73 — Months — Days

Sex: Male

Color or Race: White

Birthplace: A. A. Co. Md.

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband:

Father's Name: William Sherbert

Father's Birthplace: Md.

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: John W. Sherbert

How related to deceased: Son

143

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carbuncle

How long: 10 days

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Anna Nevett Stuel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: March — Day: 4th — Age: Years: 13 — Months: 8 — Days: 9

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Nevett Stuel — Father's Birthplace: Md

Mother's Maiden Name: Anna E. Brooke — Mother's Birthplace: Md

Name of person giving Information: Mrs. Saml Brooke — How related to deceased: Step Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatic Fever — How long: 8 Wks

Immediate: Endo-carditis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Sewell S. Hepburn

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: John H. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A. A. Co.

Date of death: Month: March; Day: 9; Years: 68; Months: 6; Days: 21

Sex: Male; Color or Race: White; Birthplace: New Market

Occupation: Merchant; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

104

Father's Name: John Thomas; Father's Birthplace: New Market

Mother's Maiden Name: Elizabeth Thomas; Mother's Birthplace: Jefferson

Name of person giving information: M. L. Appler; How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion; How long: (2) Few hours

Immediate: Heart failure; How long: Few moments

Are the name, age, sex, cause, date and place correctly given above? Yes.

Signature of Physician: Chas. H. Heubel

Address: Annapolis, Md.

Accident or Suicide? Neither

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Foodle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A.

Date of death 1904 — Month: Mch — Day: 25

Age — Years: — Months: — Days: —

Sex: Male — Color or Race: Col — Birthplace: —

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: John Foodle S. — Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Mary E. Green — Mother's Birthplace: Annapolis

Name of person giving information: Anna Brown — How related to deceased: Midwife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Born — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Thom

Address:

Accident or Suicide? —

LIBRARY BUREAU 688518

Name in Full: Charles Trott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Veale County: Anne

Date of death: 1904 Month: March Day: 17th

Age: Years: 29 Months: One Days: 17

Sex: Male

Color or Race: White

Birthplace: A. A. Co. Md.

Occupation: Painter

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Joseph H. Trott

Father's Birthplace: Calvert Co

Mother's Maiden Name: Howell

Mother's Birthplace: A. A. Co. Md.

Name of person giving Imformation: Hester Trott

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 4 years.

Immediate: Exhaustion

How long: 48 hours.

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Chas. Ulrich MD of Baltimore

Address: Veale.

Accident or Suicide?

LIBRARY BUREAU A6881C

Name in Full: Andrew Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death 1904: Month: March — Day: 7 — Years: Age one — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

~~Married~~, Single or ~~Widowed~~ — Occupation

Name of Wife or Husband

Father's Name: Sylvester Turner — Father's Birthplace: Annapolis

Mother's Maiden Name: Eliza Walker — Mother's Birthplace: Annapolis

Name of person giving information: Mother — How related to deceased: mother

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Four days

Immediate: Asthenia — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Orsow Stems Whitford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crownsville; County: Anne Arundel

Date of death: Month: March; Day: 31; 1904

Age: Years: 26; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Concord N.H.

Occupation: Commission Merchant

Where Residing if not at place of death: Washington D.C.

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Edward L. Whitford

Father's Birthplace: New Hampshire

Mother's Maiden Name: Emily Ordway

Mother's Birthplace: N.H.

Name of person giving In formation: J. Burns Ingraham

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gun Shot wound

How long: Instantaneous

Immediate: Hemorrage

How long: 2 Min. Duration of Fatal

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. [illegible] Dodson Duke of Fatal Acting Coroner

Address: J.W. DuBois M.D. Crownsville Md

Accident [redacted]3 Accident

LIBRARY BUREAU A88516

Name in Full: Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County:

Date of death: Month: March — Day: 19 — 1904

Age — Years: — Months: — Days:

Sex: Female — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Charles Williams — Father's Birthplace: Annapolis

Mother's Maiden Name: Margaret Puckett — Mother's Birthplace: Annapolis

Name of person giving information: Margaret Chambers — How related to deceased: midwife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Health Officer

Accident or Suicide?

LIBRARY BUREAU A38016

Name in Full: John Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waterbury — County: Anne Arundel

Date of death 1904: Month: 3 — Day: 2

Age: Years: 2 days — Months: — Days: 2 d

Sex: Male — Color or Race: Aprcon — Birthplace: Waterbury Md

Occupation: Infant — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John H Williams — Father's Birthplace: Prince Geo Co

Mother's Maiden Name: Martha Brooks — Mother's Birthplace: Waterbury

Name of person giving Information: John H Williams — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage — How long: 1 day

Immediate: Asthenia — How long: One hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J H Dorsey MD

Address: Gambrills Md

Accident or Suicide?

LIBRARY MUHAU A85316

Name in Full: Martha Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) South Rivers (County) Anne Arundel

Date of death 1904 Month March Day 14

Age Years 68 Months 11 Days

Sex Female Color or Race Colored Birthplace Maryland

Occupation Laborer Where Residing if not at place of death Anne Arundel Co.

Married, Single or Widowed — Name or Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Charles Wilson Father's Birthplace Maryland

Mother's Maiden Name Mary Philips Mother's Birthplace A. A. Co.

Name of person giving information Antony Wilson How related to deceased Brother

4

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Hemorrhage of the Brain How long 4 days

Immediate Paralysis How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John Evolinson

Address South Rivers Md

Accident or Suicide?

LIBRARY BUREAU A8B316

Name in Full: Peter Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Millhouse; County: Anne Arundel

Date of death 1904: Month: March; Day: 19; Age: Years: 45 —; Months; Days

Sex: Male; Color or Race: Black; Birthplace: Maryland

~~Married~~, Single or ~~Widowed~~; Occupation: Farm Hand

Name of Wife or Husband:

Father's Name: Wilson; Father's Birthplace: Maryland

Mother's Maiden Name: Martha Carter; Mother's Birthplace: Maryland

Name of person giving In formation: Jennie Wilson; How related to deceased: Sister in Law

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 5 days

Immediate: Pneumonia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C R Wilderson

Address: Elkridge Maryland

Accident or Suicide:

LIBRARY BUREAU A8531G

Name in Full: Stephan Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So. Balto — County: A. A —

Date of death: 1904 March 30

Age: Years — Months 3 Days 15

Sex: Male

Color or Race: White

Birthplace: So. Balto. Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Frank Wolf

Father's Birthplace: Austria

Mother's Maiden Name: Katie Gadcot

Mother's Birthplace: Austria

Name of person giving Imformation: Frank Wolf

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile Convulsions

How long

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correct as given above? yes

Signature of Physician: Wm. A. Horton M.D.

Address: So. Balto Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Rignal J Woodward

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Millersville — (County): Anne Arundel

Date of death: 1904 — Month: 3 — Day: 29 — Age: Years 66 — Months 9 — Days 7

Sex: Male — Color or Race: White — Birthplace: Millersville Md

Occupation: Merchant — Where Residing if not at place of death: Morris town N J

Married, Single or Widowed: Married — Name of Wife or Husband: Julia Winchester

Father's Name: Rignal D Woodward — Father's Birthplace: A A Co Md

Mother's Maiden Name: Elener Elizabeth Hardesty — Mother's Birthplace: Calvert Co Md

Name of person giving Information: Geo N Woodward — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 days

Immediate: Sinecope — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Du Bois M D

Address: Gambrills Md

Accident or Suicide?

LIBRARY MUSEUM A88516